

December 4, 2002

Re: Medical Dispute Resolution  
MDR #: M2.02.1064.01  
IRO Certificate No.: 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

Clinical History:

This 37-year-old male claimant suffered an injury to his ankle and lower back on his job on \_\_\_\_\_. Initially, the patient had a radiculopathy, with an MRI demonstrating disc herniation at L4-5 and L5-S1, with some encroachment of the neural foramina. He responded to a series of lumbar steroid epidural injections from 08/22/01 to 10/31/01. He presently complains of increased lumbar back pain with limitation of activity. Some documentation indicates the patient has received some physical therapy and chiropractic care. He has also received a trial of anti-inflammatories, as well as Zanaflex and Flexeril.

Physical exam revealed "tenderness to palpation over the facet joints at L4-5 and L5-S1." Extension and rotation "reproduce" his pain. His physician concludes that the patient has mechanical back pain with resolution of his radicular symptoms.

Disputed Services:

Facet joint injections at left L4-5 and L5-S1.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatment in question is medically necessary in this case.

Rationale for Decision:

The physical exam is highly suggestive of a mechanical source for the lumbar pain. The tenderness to palpation and reproduction with rotation make the diagnosis probable. Although it is not stated, it is presumed, based on the office visit of 06/07/02, that the Vioxx has not improved the patient's pain. Facet injections with local anesthetics should be considered as diagnostic as well as potentially therapeutic in a facet joint pain syndrome. A series of one to three blocks is indicated to confirm the diagnosis and potentially improve the pain constellation. The best effect is achieved when utilized in conjunction with anti-inflammatory treatment and physical therapy following the blocks.

The diagnostic nature of the blocks mitigates in favor of proceeding. Facet blocks with local anesthetics can be performed with a very low morbidity. Facet rhizotomies with radio frequency or other modalities are not indicated at this time.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on December 4, 2002.

Sincerely,